



BOARD OF HEALTH  
TOWN OF SEEKONK  
SEEKONK, MA 02771

APPLICATION FOR:

COMMON VICTUALLER LICENSE	\$50.00	INNKEEPER	\$50.00
BULK FOOD	\$35.00	MOTEL	\$50.00

The undersigned hereby applies for a license in accordance with the provisions of the Statutes relating thereto:

\_\_\_\_\_  
Name of person applying

\_\_\_\_\_  
Name of firm or corporation

\_\_\_\_\_  
Address of location where licenses will be used

\_\_\_\_\_  
Telephone number of business

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
State type of establishment

\_\_\_\_\_  
Type of food to be sold

\_\_\_\_\_  
Signature of authorized individual

\_\_\_\_\_  
Title

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home telephone number

***PLEASE COMPLETE THE FRONT & BACK OF APPLICATION***

License will expire December 31, \_\_\_\_\_

License numbers issued:	_____	_____	_____	_____
	CV	Bulk Food	Innkeeper	Motel
Retail Food Fees:	up to 2,500 sq. ft.		\$50.00	
	2,501 to 5,000 sq. ft.		\$75.00	
	5,001 to 15,000 sq. ft.		\$100.00	
	> 15,000 sq. ft.		\$150.00	

**Additional information:**

Water Source \_\_\_\_\_ Sewage Disposal \_\_\_\_\_

Days & Hours of Operation \_\_\_\_\_

Restaurant Number of Seats \_\_\_\_\_

Person Trained in Anti-Choking Procedures (if 25 seats or more) \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Pursuant to M.G.L. Ch. 62C. sec 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Social Security Number or  
Federal Identification Number

\_\_\_\_\_  
Signature of Individual or Corporate Name

\_\_\_\_\_  
Signature of Corporate Officer  
(if Applicable)

\_\_\_\_\_  
Owner's Name

\_\_\_\_\_  
Owner's Address

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FOR BOARD OF HEALTH USE ONLY

Date Received	Date Inspected	Approved By	permit # Issued
_____	_____	_____	_____

